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UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 10 22 10 4 2 Serial/Patent # 10 601, 200						
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT	
	Filing					\$
	Amendment					\$
	Extension of Time					\$
	Notice of Appeal/Appeal				, ,	\$
X	Petition				9/10/04	\$ 1330.00
	Issue					\$
	Cert of Correction/Terminal D	isc.				\$
	Maintenance					\$
	Assignment					\$
	0ther					\$
			7 TOTAL AMOUNT OF REFUND			\$ 1330.00
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
	Overpayment		X	C	redit Dep	osit A/C #:
	Duplicate Payment		, 194880			
X	No Fee Due (Explanation):					
Whrawholding of aband:						
rotice not received						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: FORMULE FORMULE FORMULE FOR FORMULE FOR TITLE: Attorney						
SIGNATURE: VAMMAGAMOM - Bal PHONE: 2-3212						
office: Penhons						
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APPROVED: NICE DATE: 10/22/501						
L						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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